

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: Cape May County Municipal Utilities Authority County: Cape May  
 Employee Organization: Teamsters Local 331 Employees in Unit: 103  
 Base Year Contract Term: 1/1/2009 12/31/2012 New Contract Term 1/1/2013 12/31/2016  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$4,681,296</u>	<u>\$4,751,515</u>
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
Item 4 .....		
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$4,681,296</u> (Total)	<u>\$4,751,515</u> (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$4,681,296</u>				
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2013</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	
Percent Increase	<u>1.5%</u>	<u>1.5%</u>	<u>2.0%</u>	<u>2.0%</u>	
Total cost of increase	<u>\$70,219</u>	<u>\$71,273</u>	<u>\$96,456</u>	<u>\$98,385</u>	
Total base salary (successor agreement)	<u>\$4,751,515</u>	<u>\$4,822,788</u>	<u>\$4,919,244</u>	<u>\$5,017,629</u>	

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	<u>1.75</u>
Dollar Impact (average per year over term of agreement)	<u>\$84,083.00</u>

### Section VI

#### Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	<u>\$2,003,639</u>	<u>\$1,911,858</u>				
Employee Contributions	<u>\$14,560</u>	<u>\$91,725</u>				
Prescription						
Dental						
Vision						

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII